WILLOWS NURSING & REHABILITATION CENTER, THE

41 RICKEL ROAD

SUN PRAIRIE 53590 Phone: (608) 837-8529 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): 55 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census:

		Length of Stay (12/31/02)							
Home Health Care Supp. Home Care-Personal Care	'	Primary Diagnosis	90	Age Groups	9	Less Than 1 Year	40.7 46.3		
Supp. Home Care-Household Services		Developmental Disabilities							
Day Services	No	Mental Illness (Org./Psy)	11.1	65 - 74	11.1				
Respite Care	Yes	Mental Illness (Other)	1.9	75 - 84	22.2		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.4	********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.1	Full-Time Equivalent			
Congregate Meals	No	Cancer				Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures				(12/31/02)			
Other Meals	No	Cardiovascular	9.3	65 & Over	88.9				
Transportation	No	Cerebrovascular	13.0			RNs	9.4		
Referral Service	No	Diabetes	0.0	Sex	용	LPNs	13.8		
Other Services	Yes	Respiratory	5.6			Nursing Assistants,			
Provide Day Programming for	I	Other Medical Conditions	46.3	Male	31.5	Aides, & Orderlies	44.1		
Mentally Ill	No			Female	68.5				
Provide Day Programming for	I		100.0						
Developmentally Disabled	No				100.0				

Method of Reimbursement

		Medicare			edicaid			Other			Private Pay			amily Care		1	Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	231	28	93.3	117	1	100.0	119	13	76.5	149	0	0.0	0	1	100.0	117	48	88.9
Intermediate				0	0.0	0	0	0.0	0	4	23.5	185	0	0.0	0	0	0.0	0	4	7.4
Limited Care				2	6.7	117	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.7
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		30	100.0		1	100.0		17	100.0		0	0.0		1	100.0		54	100.0

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		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/02
Deaths During Reporting Period							
			^		% Needing	0 - 1 11	Total
Percent Admissions from:		Activities of	90		sistance of	% Totally	Number of
Private Home/No Home Health			-	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	7.4		63.0	29.6	54
Other Nursing Homes	0.0	Dressing	7.4		66.7	25.9	54
Acute Care Hospitals	89.0	Transferring	7.4		66.7	25.9	54
Psych. HospMR/DD Facilities	0.0	Toilet Use	9.3		63.0	27.8	54
Rehabilitation Hospitals	0.0	Eating	66.7		22.2	11.1	54
Other Locations	3.7	**********	* * * * * * * * * * * * * * *	****	****	******	*****
Total Number of Admissions	136	Continence		%	Special Treatmen	ts	90
Percent Discharges To:		Indwelling Or Extern	nal Catheter	16.7	Receiving Resp	iratory Care	7.4
Private Home/No Home Health	56.3	Occ/Freq. Incontine	nt of Bladder	59.3	Receiving Trac	heostomy Care	1.9
Private Home/With Home Health	0.8	Occ/Freq. Incontine	nt of Bowel	51.9	Receiving Suct	ioning	1.9
Other Nursing Homes	7.0	_			Receiving Osto	my Care	1.9
Acute Care Hospitals	8.6	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	13.0	Receiving Mech	anically Altered Diet	s 42.6
Rehabilitation Hospitals	0.0					-	
Other Locations	9.4	Skin Care			Other Resident C	haracteristics	
Deaths	18.0	With Pressure Sores		11.1	Have Advance D	irectives	51.9
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	128				Receiving Psyc	hoactive Drugs	50.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

Ownership: Bed Size: Licensure:

This Proprietary 50-99 Skilled All
Facility Peer Group Peer Group Peer Group Facilities

% Ratio % Ratio % Ratio % Ratio % Ratio

	raciiicy	1 001	Group	1 001	Group	1 001	Group	ractificies		
	%	%	Ratio	96	Ratio	90	Ratio	%	Ratio	
	0.1	0.4	1 00	0.7. 1	1 06	0.50	1 00	0.51	1 00	
Occupancy Rate: Average Daily Census/Licensed Beds	91.9	84.7	1.08	87.1	1.06	85.3	1.08	85.1	1.08	
Current Residents from In-County	94.4	81.6	1.16	81.5	1.16	81.5	1.16	76.6	1.23	
Admissions from In-County, Still Residing	15.4	17.8	0.87	20.0	0.77	20.4	0.76	20.3	0.76	
Admissions/Average Daily Census	266.7	184.4	1.45	152.3	1.75	146.1	1.82	133.4	2.00	
Discharges/Average Daily Census	251.0	183.9	1.36	153.5	1.63	147.5	1.70	135.3	1.86	
Discharges To Private Residence/Average Daily Census	143.1	84.7	1.69	67.5	2.12	63.3	2.26	56.6	2.53	
Residents Receiving Skilled Care	88.9	93.2	0.95	93.1	0.95	92.4	0.96	86.3	1.03	
Residents Aged 65 and Older	88.9	92.7	0.96	95.1	0.93	92.0	0.97	87.7	1.01	
Title 19 (Medicaid) Funded Residents	55.6	62.8	0.88	58.7	0.95	63.6	0.87	67.5	0.82	
Private Pay Funded Residents	31.5	21.6	1.46	30.0	1.05	24.0	1.31	21.0	1.50	
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00	
Mentally Ill Residents	13.0	29.3	0.44	33.0	0.39	36.2	0.36	33.3	0.39	
General Medical Service Residents	46.3	24.7	1.87	23.2	2.00	22.5	2.06	20.5	2.26	
Impaired ADL (Mean)	52.2	48.5	1.08	47.7	1.10	49.3	1.06	49.3	1.06	
Psychological Problems	50.0	52.3	0.96	54.9	0.91	54.7	0.91	54.0	0.93	
Nursing Care Required (Mean)	8.3	6.8	1.23	6.2	1.34	6.7	1.24	7.2	1.16	